



August 15, 2006

Henry Pamias
27 Augusta Drive
Westampton, NJ 08060

Dear Henry Pamias,

Thank you for contacting Virtua Health. We realize it can be time consuming to find information on physicians for you and your family. That's why Virtua gives you access to over 1,000 doctors via our web site (www.virtua.org) and our toll-free call center.

Our physician referral service provides you with physicians who are active members of our medical staffs, based on your medical needs and preferences. The physicians do not pay to be listed on our referral service and their names are rotated regularly.

For your convenience, we have included a list of the names, addresses and phone numbers of the doctors referred to you when you called.

If we can be of further assistance, please call us at **1-888-Virtua-3** (1-888-847-8823).

Sincerely,

Eileen O'Brien, MS
Director, Internet Marketing & Call Center Communications

Lee DeLacy, MD, Gastroenterology (IM), (609) 265-1700
Amherst Commons, Suite 2
693 Main Street, Building A
Lumberton, NJ 08048

Specialty Center at Kyle Will, Gastroenterology (IM), (856) 246-3167
Kyle W. Will Family Health Ctr
1000 Atlantic Avenue
Camden, NJ 08104

State of New Jersey
PRESCRIPTION BLANK

RAFAEL O. HASSOUN, M.D.
BOARD CERTIFIED INTERNIST - PRIMARY CARE
613 EAST GATE DRIVE
MT. LAUREL, NJ 08064
(609) 608-0500 TEL
(609) 608-0501 FAX
BATCH # MDI-20080104-IMB020484-20
LIC. # MA054677
DEA # _____

IF PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE
AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT Henry Dennis D.O.B. 7/17/68

ADDRESS 1-888-Virtual



Gastroenterology
Colonoscopy

Dx: Family hx colon ca

Abd pain

SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE

DO NOT REFILL	SIGNATURE OF PRESCRIBER
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REFILL... TIMES	<u>R</u>
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Use separate form for each controlled substance prescription
THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGEY, ARE CRIMES PUNISHABLE BY



175 Madison Avenue
Mount Holly, NJ 08060-2039
609.267.0700
www.virtua.org

To Whom It May Concern:

This is to advise you that Veronica Polaris became a radiology study performed on August 17, 2006 at Virtua Memorial Hospital Burlington County.

10³⁰ AM

Thank you,

Veronica Polaris
One Session
Fee: Three to conduct a photo ext 43100

175 Madison Avenue
Mount Holly, NJ 08060-2039
609.267.0700
www.virtua.org

State of New Jersey
PRESCRIPTION BLANK

Z

4005956745

RAFAEL D. HASBUN, M.D.
BOARD CERTIFIED INTERNIST - PRIMARY CARE
313 EAST GATE DRIVE
MT. LAUREL, NJ 08044

LIC. # MA054677
DEA # _____

If PRESCRIPTION IS WRITTEN AT ALTERNATE PRACTICE SITE, CHECK HERE AND PRINT ALTERNATE ADDRESS AND TELEPHONE NUMBER ON REVERSE SIDE

PATIENT *Jerry James* D.O.B. *7/1/1965*
ADDRESS _____

RX

*CT scan of Abd + pelvis w/ contrast
Rx Abdominal Pain
Pain in Stomach + Colon*

SUBSTITUTION PERMISSIBLE DO NOT SUBSTITUTE

DO NOT REFILL _____ SIGNATURE OF PRESCRIBER _____
REFILL _____ TIMES *3*

Use separate form for each controlled substance prescription
THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY



VIRTUA HEALTH
PO BOX 6010
BELLMAWR, NJ 08099-6010

*****AUTO 3-DIGIT 080
HENRY JAVIER PAMIAS BURGOS 4005956745
27 AUGUSTA DR
WESTAMPTON, NJ 08060-4719

|||||

DATE	AMOUNT DUE	DU BY		
8/16/2006	\$5,117.82	Upon Receipt		
PATIENT NAME				
PAMIAS BURGOS, HENR				
ACCOUNT NUMBER	DATES OF SERVICE			
4005956745	7/26/2006			
QUESTIONS? PLEASE CALL (800)418-5685				
MONDAY TO FRIDAY 8:30 AM - 5:00 PM				
TAX ID NUMBER 21-0634562				

YOU MAY SUBMIT THIS PORTION OF YOUR STATEMENT
TO YOUR INSURANCE CARRIER. PLEASE DETACH AT
PERFORATION BEFORE MAILING.

PREVIOUS BALANCE		\$0.00	
08/17/06	1 PHARMACY	217.82	
08/17/06	2 CAT SCAN	4,900.00	
TOTAL DUE FROM PATIENT		\$5,117.82	
TOTAL CHARGES: \$5,117.82	PATIENT PAYMENTS: \$0.00	TOTAL PYMTS AND ADJMTS: \$0.00	PLEASE PAY THIS AMOUNT: \$5,117.82

Please enter Account Number on all checks and correspondence. Detach and return the bottom portion of this statement with your remittance. If the insurance or plan information shown below is incorrect or if your insurance information has changed, please indicate change(s) on the reverse side and return to our office. Thank you for your prompt remittance.

PLEASE VERIFY THAT YOUR INSURANCE PLAN INFORMATION IS CORRECT AS SHOWN BELOW. INDICATE ANY CHANGES ON THE REVERSE SIDE OF THIS FORM AND RETURN TO US FOR PROPER INSURANCE BILLING.

Primary Insurance: SELF PAY
Policy Number: 581676018

UNABLE TO PAY? DON'T JEOPARDIZE YOUR CREDIT. YOU MAY QUALIFY FOR CHARITY CARE.

A CUSTOMER SERVICE REP MAY BE CALLING YOU IN THE NEAR FUTURE TO DISCUSS PAYMENT OPTIONS.

YOU MAY RECEIVE SEPARATE BILLS FOR PHYSICIAN SERVICES SUCH AS RADIOLOGISTS, ANESTHESIOLOGISTS, CARDIOLOGISTS, ER PHYSICIANS, AND CONSULTING PHYSICIANS.

IMPORTANT: If you wish to pay by credit card, please be aware that we only accept the cards shown below. If your card is accepted, please complete the following information and be sure to include the card holder's signature. Please check one:

VISA MASTERCARD AMEX DISCOVER CARE CREDIT

CARD NUMBER _____

SECURITY CODE: _____ EXP. DATE: _____

CARDHOLDER NAME: (Please print) _____

SIGNATURE (Required) _____

Dollar Amount Paid: _____

PLEASE
MAKE
YOUR
CHECK
PAYABLE
TO

VIRTUA HEALTH
PO BOX 6010
BELLMAWR, NJ 08099-6010

|||||

Account #4005956745 Amt Due: \$5,117.82

Patient: PAMIAS BURGOS, HENR



VIRTUA HEALTH
PO BOX 6010
BELLMAWR, NJ 08099-6010

AUTO 3-DIGIT 000
HENRY JAVIER PAMIAS BURGOS 4006055133
27 AUGUSTA DR
WESTAMPTON, NJ 08060-4719

|||||

DATE	AMOUNT DUE	DUE BY		
8/17/2006	\$3,535.55	Upon Receipt		
PATIENT NAME				
PAMIAS BURGOS, HENR				
ACCOUNT NUMBER	DATES OF SERVICE			
4006055133	8/12/2006			
QUESTIONS? PLEASE CALL (800)418-5685 MONDAY TO FRIDAY 8:30 AM - 5:00 PM				
TAX ID NUMBER 21-0834562				

YOU MAY SUBMIT THIS PORTION OF YOUR STATEMENT
TO YOUR INSURANCE CARRIER. PLEASE DETACH AT
PERFORATION BEFORE MAILING.

PREVIOUS BALANCE			
08/12/06	6 LABORATORY		\$0.00
08/12/06	1 ULTRASOUND		530.55
08/12/06	1 EMERGENCY ROOM		1,200.00
			1,805.00
TOTAL DUE FROM PATIENT			\$3,535.55
TOTAL CHARGES: \$3,535.55	PATIENT PAYMENTS: \$0.00	TOTAL PYMTS AND ADJMTS: \$0.00	PLEASE PAY THIS AMOUNT: \$3,535.55

Please enter Account Number on all checks and correspondence. Detach and return the bottom portion of this statement with your remittance. If the insurance or plan information shown below is incorrect or if your insurance information has changed, please indicate change(s) on the reverse side and return to our office. Thank you for your prompt remittance.

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Primary Insurance: SELF PAY
Policy Number: 581676016

YOUR INSURANCE HAS PAID ITS PORTION OF THE ACCOUNT. THE BALANCE DUE IS YOUR RESPONSIBILITY. PLEASE PAY PROMPTLY.

A CUSTOMER SERVICE REP MAY BE CALLING YOU IN THE NEAR FUTURE TO DISCUSS PAYMENT OPTIONS.

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VISA MASTERCARD AMEX DISCOVER CARE CREDIT

CARD NUMBER _____

SECURITY CODE: _____ EXP. DATE: ____ / ____

CARDHOLDER NAME: (Please print) _____

SIGNATURE (Required) _____

Dollar Amount Paid: _____

PLEASE
MAKE
YOUR
CHECK
PAYABLE
TO -

VIRTUA HEALTH
PO BOX 6010
BELLMAWR, NJ 08099-6010

|||||

Account #4006055133 Amt Due: \$3,535.55

Patient: PAMIAS BURGOS, HENR



VIRTUA HEALTH
PO BOX 6010
BELLMAWR, NJ 08099-6010

AUTO**3-DIGIT 080
HENRY JAVIER PAMIAS BURGOS 4005952140
27 AUGUSTA DR
WESTAMPTON, NJ 08060-4719

DATE	AMOUNT DUE	DUE BY
7/29/2006	\$340.62	Upon Receipt
PATIENT NAME		
PAMIAS BURGOS, HENR		
ACCOUNT NUMBER	DATES OF SERVICE	
4005952140	7/24/2006	
QUESTIONS? PLEASE CALL (800)418-5685		
MONDAY TO FRIDAY 8:30 AM - 5:00 PM		
TAX ID NUMBER 21-0634562		

YOU MAY SUBMIT THIS PORTION OF YOUR STATEMENT
TO YOUR INSURANCE CARRIER. PLEASE DETACH AT
PERFORATION BEFORE MAILING.

PREVIOUS BALANCE		
07/24/06	7 LABORATORY	\$0.00
		340.62
TOTAL DUE FROM PATIENT		\$340.62
TOTAL CHARGES: \$340.62	PATIENT PAYMENTS: \$0.00	TOTAL PYMTS AND ADJMTS: \$0.00
PLEASE PAY THIS AMOUNT:		\$340.62

Please enter Account Number on all checks and correspondence. Detach and return the bottom portion of this statement with your remittance. If the insurance or plan information shown below is incorrect or if your insurance information has changed, please indicate change(s) on the reverse side and return to our office. Thank you for your prompt remittance.

PLEASE VERIFY THAT YOUR INSURANCE PLAN INFORMATION IS CORRECT AS SHOWN BELOW. INDICATE ANY CHANGES ON THE REVERSE SIDE OF THIS FORM AND RETURN TO US FOR PROPER INSURANCE BILLING.

Primary Insurance: SELF PAY
Policy Number: 581676016

YOUR INSURANCE HAS PAID ITS PORTION OF THE ACCOUNT. THE BALANCE DUE IS YOUR RESPONSIBILITY. PLEASE PAY PROMPTLY.

A CUSTOMER SERVICE REP MAY BE CALLING YOU IN THE NEAR FUTURE TO DISCUSS PAYMENT OPTIONS.

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VISA MASTERCARD AMEX DISCOVER CARE CREDIT

CARD NUMBER _____

SECURITY CODE: _____ EXP. DATE: _____

CARDHOLDER NAME: (Please print) _____

SIGNATURE (Required) _____

Dollar Amount Paid: _____

PLEASE
MAKE
YOUR
CHECK
PAYABLE
TO =

VIRTUA HEALTH
PO BOX 6010
BELLMAWR, NJ 08099-6010

Account #4005952140 Amt Due: \$340.62

Patient: PAMIAS BURGOS, HENR